'U S Department of Labor Office of Laber Management 5 Mindards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 88-257 as emended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

ı	or Officients Only
E	THE STATE OF

3 Name and address of person filing

J Carreiro

1 File Number U

Name Michael

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

4 Name file number and address of labor organization

Labor Organization File Number 541-163

Name UA Plumbers & Pipefitters Local No 51

		adda organization no non	311 103			
PO Box Bldg Room No If any	,	P O Box Building and Room Number if any				
Street 11 Hemingway Driv	e	Street 11 Hemingway Drive				
City East Providence		City East Providence				
State Rhode Island	ZIP Code + 4 02915-2225	State Rhode Island	ZIP Code + 4 02915 2225			
5 Position in labor organization Financial Secretary - Treasurer						
Enter appropriate data below if	Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)					
A. Held an interest in engaged in monetary value from an employ	transactions (including loans) with or er whose employees your organizati	derived income or other economic represents or is actively s	omic benefit of eeking to represent.			
6 Name and address of Employer (in	6 Name and address of Employer (including trade name if any) 7 a Nature of Interest, Transaction or Income					
Name						
Trade Name if any						
PO Box Bidg Room No If any	P O Box Bidg Room No if any 7 b Amount.					
Street		T D FAIRCASTE				
City						
State	ZIP Code + 4					
Signature M.						
16 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)						
Signed On 8-1505 (401) 943-3033 Date Telephone Number						
· · · · · · · · · · · · · · · · · · ·	<u> </u>					

Name of Person Filing Michael Carreiro	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name Plumbers & Pipefitters Local NO 51 H&W Fund	a Labor Organiza	aton.		
Trade Name if any	b Trust			
PO Box Bidg Room No fany	c Employer			
Street 11 Hemingway Drive				
City East Providence				
State Rhode Island ZIP Code + 4 02915 2225				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing		
Name	Attended an educational conference as Union Trustee representative of the Plumbers & Pipefitters Local No 51 Health & Welfare Fund during May 2004 held by			
Trade Name if any	3	Foundation of Employee Benefit		
PO Box, Bldg Room No If any				
Street	11 b Approximate dollar val	ue of such dealing \$3 000		
City	12 a Nature of interest held or income received			
State ZIP Code + 4	Conference registi	ration travel and lodging cost		
	12 b Amount	\$3 000		
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bldg Room No if any				
Street				
City				
State ZiP Code + 4	1			
13 h is the Rusiness an Employer or Consultant 2	14 b Amount of payment.			

Name of Person Filing Michael Carreiro File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from setling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or setling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with		
Name Plumbers & Piperfitters Local 51 JATC Fund	a Labor Organization		
Trade Name if any			
PO Box Bidg Room No If any	b Trust		
Street 11 Hemingway Drive	c. Employer		
City East Providence			
State Rhode Island ZIP Code + 4 02915-2225			
10 if 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name	Attended an training conferences and expo as a Union representative of the Plumbers & Pipefitters		
Trade Name If any	Local No 51 JATC Fund during Jun 2004 held by the North American Pipe Trades Assoc		
P O Box Bldg Room No if any			
Street			
City			
State ZIP Code + 4	11 b Approximate dollar value of such dealing \$4 000		
	12 a Nature of interest held or income received		
	Conference registration travel and lodging cost		
	12 b Amount \$4 000		

,	Name of Person Filing Michael	Carreiro		File Numb		

Part B Continuation Page

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8 Name and address of Business (including trade name if any)	9 Business deals with		
Name plumbers & Pipefitters Local 51 JATC Fund	a Labor Organization		
Trade Name if any			
PO Box, Bldg Room No If any	b Trust		
Street 11 Hemingway Drive	c. Employer		
City East Providence			
State Rhode Island ZIP Code + 4 02915-222	5		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Attended and educational conference as a Union representative of the Plumbers & Pipefitters JATC		
Trade Name if any	Fund during Jun 2004 held by the Eastern Seaboard Apprenticeship Council		
PO Box, Bldg Room No If any			
Street			
City			
State ZiP Code + 4	11 b Approximate dollar value of such dealing \$675		
	12 a Nature of interest held or income received		
	Conference registration travel and lodging cost		
	12 b Amount \$675		

Name	of Person	Filing	Michael	Carreiro
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File Number U-

Part B Continuation Page

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It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received